



Rahm Emanuel
Mayor

Department of Police • City of Chicago
3510 South Michigan Avenue • Chicago, Illinois 60653

Garry F. McCarthy
Superintendent of Police

28 Dec 2011

Dear [REDACTED]


Please be advised that although you are on duty disability pension you are still bound by Department Rules and Regulations per Chicago Police Department General Order 93-03. At this time the undersigned is offering you the opportunity to answer the below listed allegations;

It is alleged by the complainant that the accused, [REDACTED], was arrested for Driving While Under the Influence on 02 Oct 2011 at 1752hrs, by Deputy David Richman #3218 of the Wayne County Sheriff's Office under their report #2011000276 and written citation #100616947 for that offense.

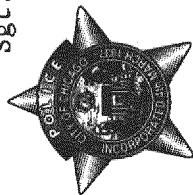
It is alleged by the complainant that the accused [REDACTED] was charged with Failing to Maintain Right Half of Roadway and written citation [REDACTED] for that offense.

It is alleged by the complainant that the accused, [REDACTED] was charged with No Proof of Insurance and written citation [REDACTED] for that offense.

The above listed allegation is recorded under LOG#1048986. You can contact me Monday thru Friday at the Bureau of Internal Affairs, 3510 S. Michigan, 5th floor or by telephone at 312-745-6310 ext 85045 and leave a message via my voice mail.


Sgt. Joseph Stehlik #1945
Bureau of Internal Affairs
Investigations Division
General Investigations Section

Sgt. J. Stehlik #1945 Unit 121



City of Chicago

Department of Police

3510 South Michigan Avenue
Chicago, Illinois 60653

Nicholas Goggin
HC 1 Box 1446
Wappapello, MO. 63966

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nicholas Goggin
 HC 1 Box 1446
 Wappapello, MO. 63966

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
X		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

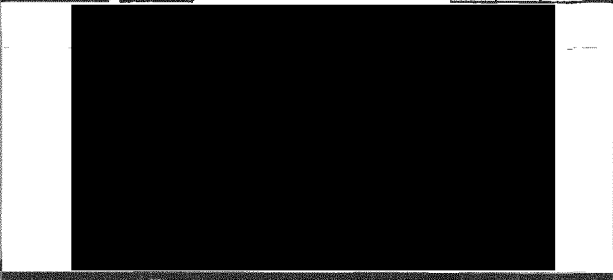
OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To **Nicholas Goggin**
 Street, Apt. No. **HC 1 Box 1446**
 or PO Box No. **Wappapello, MO. 63966**
 City, State, ZIP+4

PS Form 3800, August 2005 See Reverse for Instructions



CERTIFIED MAILTM
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

7009 2820 0001 7638 7154

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Sgt. J. Stehlik #1945 Unit 121
Chicago Police Department
3510 S. Michigan Ave. 5th flr.
Chicago, IL. 60653